

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

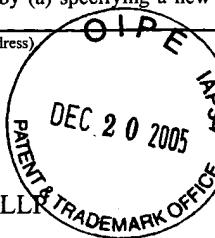
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

44991 7590 09/23/2005

OFFICE OF TECHNOLOGY TRANSFER
NATIONAL INSTITUTES OF HEALTH
C/O HELLER EHRLIN WHITE & MCAULIFFE LLP
1717 RHODE ISLAND AVENUE, NW
WASHINGTON, DC 20036-3001

12/21/2005 MDA/TE2 00000181 08477983

01 FC:1501 1400.00 OP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

08/477,983

06/07/1995

JEFFREY S RUBIN

40399/321/NI

38163-0007

6629

TITLE OF INVENTION: AN EPITHELIAL CELL SPECIFIC GROWTH FACTOR, KERATINOCYTE GROWTH FACTOR (KGF)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/23/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SAOUD, CHRISTINE J	1647		514-002000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Heller Ehrman LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The United States of America as Represented by the Secretary
of The Department of Health and Human Services

Bethesda, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1641 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Patricia D. Granados

Date December 20, 2005

Typed or printed name Patricia D. Granados

Registration No. 33,683

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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COMBINED FEE TRANSMITTAL for FY 2005

DEC 20 2005

Effective 12/08/2004. Patent fees are subject to annual revision.

PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), (i) & (j))

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,400.00)

Complete if Known	
Application Number	08/477,983
Filing Date	June 7, 1995
First Named Inventor	Jeffrey S. RUBIN et al.
Examiner Name	C.J. Saoud
Art Unit	1647
Attorney Docket No.	38163-0007

METHOD OF PAYMENT (check one)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit Account Number: 08-1641

Deposit Account Name: Heller Ehrman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below

Credit any overpayments and charge any deficiencies

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the deposit account

FEE CALCULATION (continued)

4. PETITION FEES UNDER 37 CFR 1.17 (f) Fee Code: 1462 Fee \$ 400 For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)	Fee Paid
5. PETITION FEES UNDER 37 CFR 1.17 (g) Fee Code: 1463 Fee \$ 200 For petitions filed under: § 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25	Fee Paid
6. PETITION FEES UNDER 37 CFR 1.17 (h) Fee Code: 1464 Fee \$ 130 For petitions filed under: § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314	Fee Paid
7. PROCESSING FEES UNDER 37 CFR 1.17 (i) Fee Code: 1808 (1803 for § 1.221) Fee \$ 130 For petitions filed under: § 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81	Fee Paid

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	135	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
SUBTOTAL (1)				\$			

2. EXTRA CLAIM FEES

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent
200	100	Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent
360	180	Multiple dependent claim, if not already paid

Extra Claims		Fee from above	Fee Paid
Total Claims		-20** =	
Independent Claims		-3** =	
Multiple Dependent		=	
SUBTOTAL (2)		\$	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the a whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)	
		50	x 250	OR	x 125
SUBTOTAL (3)					\$
SUBTOTAL (4+5+6+7+8)					\$ 1,400

* Reduced by Basic Filing Fee Paid

SUBMITTED BY					Complete if applicable	
Name (Print/Type)	Patricia D. Granados			Registration No. (Attorney/Agent)	33,683	Telephone
Signature	<i>Patricia D. Granados</i>			Date	December 20, 2005	Customer No.